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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 |  |   |  |  |                  |       | Application or Docket Number Filing Date 01/09/200 |                        |       |                       | To be Mailed           |  |
|---|--|---|--|--|------------------|-------|--|------------------------|-------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I<br>(Column 1) (Column 2)                  |  |   |  |  |                  |       | SMALL ENTITY                                       |                        |       |                       | HER THAN<br>ALL ENTITY |  |
|   | FOR  |   | NUMBER FIL                               | LED NU   | NUMBER EXTRA     |       | RATE (\$)  | FEE (\$)               |       | RATE (\$)             | FEE (\$)               |  |
|   | BASIC FEE<br>(37 CFR 1.16(a), (b),   | or (c))                                   | N/A                                      |  | N/A              |       | N/A  |                        | ]     | N/A                   |                        |  |
|   | SEARCH FEE<br>(37 CFR 1.16(k), (i), o  | or (m))                                   | N/A                                      |  | N/A              |       | N/A  |                        | ]     | N/A                   |                        |  |
|   | EXAMINATION FE<br>(37 CFR 1.16(o), (p),  | E<br>or (q))                              | N/A                                      |  | N/A              |       | N/A  |                        | ]     | N/A                   |                        |  |
| TO1<br>(37  | TAL CLAIMS<br>CFR 1.16(i))   |   | minus 20 =                               |  |                  |       | x \$ =   |                        | OR    | x s =                 |                        |  |
| IND<br>(37  | DEPENDENT CLAIM<br>CFR 1.16(h))  |   | minus 3 = *                              |  |                  |       | x \$ =   |                        | ]     | x \$ =                |                        |  |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))   | FEE sheet is \$2 addi                     | ets of pap<br>250 (\$125<br>itional 50 s | ngs exceed 100<br>on size fee due<br>) for each<br>on thereof. See<br>CFR 1.16(s). |                  |       |  |                        |       |                       |                        |  |
|   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |  |  |                  |       |  |                        | 1     |                       |                        |  |
| * If t  | the difference in colu   | umn 1 is less than                        | zero, ente                               | r "0" in column 2.   |                  | TOTAL |  | ]                      | TOTAL |                       |                        |  |
| L   | APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |   |  |  |                  |       |  | SMALL ENTITY           |       |                       | ER THAN<br>ALL ENTITY  |  |
| AMENDMENT   | 07/19/2010   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA |       | RATE (\$)  | ADDITIONAL<br>FEE (\$) |       | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
| Ĭ,  | Total (37 CFR<br>1.18(i))  | · 21                                      | Minus                                    | ·· 21  | = 0              | ]     | x \$ =   |                        | OR    | X \$52=               | 0                      |  |
| ۲   | Independent<br>(37 CFR 1.16(h))  | • 8                                       | Minus                                    | ***8   | = 0              | ]     | x \$ =   |                        | OR    | X \$220=              | 0                      |  |
| Ž   | Application Size Fee (37 CFR 1.16(s))  |   |  |  |                  |       |  |                        |       |                       |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))  |   |  |  |                  |       |  |                        | OR    |                       |                        |  |
|   |  |   |  |  |                  | •     | TOTAL<br>ADD'L<br>FEE                              |                        | OR    | TOTAL<br>ADD'L<br>FEE | 0                      |  |
| ᆫ   |  | (Column 1)                                |  | (Column 2)   | (Column 3)       | _     |  |                        |       |                       |                        |  |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA |       | RATE (\$)  | ADDITIONAL<br>FEE (\$) |       | RATE (\$)             | ADDITIONAL<br>FEE (\$) |  |
| ᆲ   | Total (37 CFR<br>1,16(i))  |   | Minus                                    | **   | =                | ]     | x \$ =   |                        | OR    | x \$ =                |                        |  |
| AMENDMENT   | Independent<br>(37 CFR 1,16(h))  |   | Minus                                    | ***  | :                | 1     | x \$ =   |                        | OR    | x s =                 |                        |  |
| Ä.  | Application Size Fee (37 CFR 1.16(s))  |   |  |  |                  | 1     |  |                        | ]     |                       |                        |  |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |  |  |                  |       |  |                        | OR    |                       |                        |  |
| Γ   |  |   |  |  |                  | •     | TOTAL<br>ADD'L<br>FEE                              |                        | OR    | TOTAL<br>ADD'L<br>FEE |                        |  |
| *** If  | "If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". |   |  |  |                  |       |  |                        |       |                       |                        |  |

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to monocosal an application. Confidentially is governed by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CER information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.